PLAINTIFF EXHIBIT
(1)

ORTHOPEDIC CONSULTATION

NAME: ROBERTSON, TIMOTHY **TDOC#:** 244376 **DOB:**
DATE OF CONSULTATION:
INSTITUTION: DeBerry Special Needs Facility
CONSULTING PHYSICIAN: Alexander Chernowitz, M.D.

HISTORY: Mr. Robertson is seen to consider trouble in his left hip. The patient has a history of 2-3 years of progressively worsening hip pain with some component of night pain. He says he has good days and bad. He is aware of weather changes. He also reports what he describes as quite satisfactory pain relief from taking 400 mg of Lodine on an as needed basis.

PHYSICAL EXAMINATION: Mr. Robertson has quite restricted left hip motion with rotation only 10 degrees internal and 10 degrees external. Abduction and adduction are about 20 degrees in each direction. The hip does extend to neutral.

The patient's radiographs are reviewed. There is a severe osteoarthritis of the left hip with virtually no joint space and cyst formation in the acetabulum, and a misshapen femoral head. The radiographic appearance is consistent with a segmental osteonecrosis of the femoral head.

PLAN: The situation is discussed in some length with the patient. The possibility of a low friction arthroplasty is explained and also the consequence of doing so in a patient who is relatively young and large as strong as this man is. In any event, the symptoms may get so bad that total hip replacement is decided. My suggestion at this point is that the Lodine be continued since it is doing quite well and is a certainly low risk and low cost intervention. Mr. Robertson should see Dr. Limbird either at this facility or at our clinic at Meharry when Dr. Limbird is back from vacation next month.

Dictated by: Alexander Chernowitz, M.D.
Transcribed by: cd
D: 09/17/09 T: 09/17/09

PLAINTIFF EXHIBIT
(2)

PHYSICIAN'S ORDERS

4B/DSNF

3-21-67

Drug Allergies: Codeine

NAME: Roberson Timothy
ROOM NO. (ADDRESS): 4B/DSNF
HOSP. NO. 244376
PHYSICIAN: Alexander

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐ — DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS	Nurse's Initials
8/14/09 10:00	(1) X-ray of pelvis c̄ (B) Hip. 8-19-09	
	(2) Fasting CBC, CMP, lipids.	
	(3) HCTZ 25 mg po q Day	
	(4) Cardizem CD 240 mg po q Day } x 90 day	
	(5) vitals q day x 10 day	
	(6) F/u PRN or 10 day	
	(7) Dis Continue Iodine	
	(8) Tylenol 650 mg po q 12 hrs PRN x 30 day	
	(9) ~~F/u PRN~~ error. M. Reeves	
8-14-09 1010	Noted Mark Herren, LPN	MH
8/25/09 0945	(1) Referral to ortho Completed	
	(2) Low Fat, low cholesterol diet x 90 day	
	(3) Fasting CBC, CMP, lipids in 11 wks 11-11-09	
	(4) CCC 1-90 day by MD. 60005251123	
	M. Reeves	
	Noted Roland [illegible] 8/25/09 1000	
9/18/09 10:20	(1) Referral to see Dr. Limbird Completed	
	Noted [illegible] 9/18/09 M. Reeves	

Form 1206 BRIGGS, Des Moines [illegible] PRINTED IN U.S.A. PLEASE: USE BALL POINT PEN ONLY PHYSICIAN'S ORDERS

CONSULTATION

PLAINTIFF EXHIBIT (3)

Last Name: Roberson,	First Name: Timothy	Middle Name	B	244376
From: Attending Physician: Alexander		To: Consulting Physician: Kimbird		Date: 10/15/09
Birthdate: 3/21/1967	SSN: 413-02-0330		Clinic: ortho	

Note Findings and Recommend Treatment

(L) hip inj in high school
grad prog pain - loss of motion
past 3-4 yrs ↑

poor sleep
no steps

discussed THA
understands risks ⇒ wants to go ahead

Dental exam
Sched surg

[signature]

Date of Consultation: ______________ Dr. ______________
Signature of Consultant

CONSULTATION

PLAINTIFF EXHIBIT
(4)

1818 Albion Street
Nashville, TN 37208

Pre Admission Testing Center
Phone: 615-341-4285
Fax: 615-341-4680

Patient Name: Jim Roberson **DOB:** 3/21/1967 **MRUN:** TDOC 244376

SS#: ______ **Home Phone:** ______ **Work Phone:** ______

☐ **Medicare** ☐ **Self Pay** ☐ **Indigent**
☐ **TennCare (type):** ______ ☐ **Insurance (type)** ______

Prior Approval # ______ **Given By:** ______

Authorization Obtained By: ______

Surgical Admission Orders -Orthopedic

Surgery / Procedure Date: ______ **Requested Time:** ______

Admission Status: ☐ SDS ☒ EMA

Admitting Physician: Th

Admitting Diagnosis: AVN (L) hip

Consent/ Permit for: THA

Special Equipment Required: ______

Pre Op Orders

Diagnosis/Reason for Tests: ______

☒ CBC	☒ PT / PTT	☒ U / A	☒ EKG > 40 years
☐ CBC with Differential	☐ Sed Rate	☐ Urine Drug Screen	☒ Chest X-ray > 60 ye:
☐ ABG	☐ Hepatic Panel	☐ Urine Pregnancy Test	☐ Other: ______
☒ CMP	☒ Type and Screen	☐ Other: ______	
	☐ Cross match ______	______ # of units ______	

Day of Surgery Orders

Allergies: Ø

Antibiotic: (for severe PCN allergies , use non-cephalosporin)

☒ Cefazolin ☒ 1 gm IV ☐ 2gm IV
☐ Vancomycin (for MRSA, to be started 2 hours prior to surgery) ☐ 1 gm IV ☐ ______
☐ No Antibiotics
☐ Other: ______

☐ Heparin 5000 units subQ ☐ IVF LR @ ______ ml/hr ☐ IVF NS @ ______ ml/hr
☐ Foot Pump to Opposite Limb ☒ TED Hose (to opposite limb) ☒ NPO after midnight
☐ Shower 10 minutes with Chlorhexidine (Attention to Operative Area)

Physician Signature: [signature] **Date:** 10/11/09

NASHVILLE GENERAL HOSPITAL at MEHARRY

PHYSICIAN ORDERS - Orthopedic Admission Orders
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NASHVILLE, TN

PLAINTIFF EXHIBIT (5)

CONSULTATION REQUEST
FAX TO 1-877-677-9149 (toll free)

NOTE: Always send with 401B-Consultation Report and 401C-Instruction to Provider

To mark check boxes – right click, then click 'properties', then click 'checked'

FAXED NOV 08 2010

☒ Off-site ☐ On-Site Clinic ☐ Telemedicine Reference #: ______

☒ Urgent ☐ Routine ☐ Retro Request Date of Request: 11/4/10

Inmate: Timothy Roberson Inmate ID#: 243276 DOB: 3/21/67 413020330

Site: DCNFO 5B Cost Center: ______

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test/Specialty Service Requested: Total Hip

Provider: ______ Initial Visit or F/U? ______ F/U#: ______

Mode of Transportation: ☒ Ambulatory ☐ Ambulance ☐ Wheelchair Van

Presumed Diagnosis:	Hip pain
Describe Signs & Symptoms:	pt c long hx of Hip pain – Date of Onset: ______
Exam Data/Objective Findings:	x-ray reveals osteonecrosis of left Hip seen by ortho to recommend
Lab & X-ray Data:	to schedule Hip
Current Medications:	See attached Surgery
Failed Outpatient Therapies:	
Enrolled in Chronic Care Clinic (s)? ☐ Yes ☐ No	Which Clinic(s)?
Other Diagnosis:	HTN, Hyperlipid
Comments:	See attached.

☐ RMD- Proceed with requested service as described above

RMD Signature:

Date:

☒ ALTERNATIVE TREATMENT PLAN (ATP)FOR CONSIDERATION

<11/09/2010 07:40 - MButler>
ATP- Is the pts. pain controlled with analgesics? We need to know the limitations, if any, his hip problem imposes on his ability to do ADLs.

DATE

Site Medical Provider: [illegible] RASSEKH Signature: [signature] Date: 11/4/10

Site Medical Director: [signature] Date: 11/4/2010

UM NURSE REVIEWER/REGIONAL MEDICAL DIRECTOR

☐ Proceed with Requested Service as described above by site provider.

☒ Alternative Treatment Plan for consideration as described by the RMD

Initials: TH Date: 11/9/10

UM Notes for Scheduler: aee ATP comments

Date of Appt: ______ Time: ______ Location: ______

Special Instructions: Full Bladder NPO @midnight Instruction sheet attached

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine service is still necessary and appropriate.

IF AN ATP OF ANOTHER SERVICE HAS BEEN RECOMMENDED BY THE RMD A NEW REFERRAL (401) NEEDS TO BE GENERATED FOR THIS SERVICE BY THE SITE PROVIDER AND SENT TO THE UM NURSE REVIEWER.

FOR ATP OF SITE PROVIDER FOLLOW UP-NEW REFERRAL IS NOT INDICATED

MR0002TN- 401-A-Consultation Request-Revision 07/15/0808-e-form revision 11/01/09, 01/08/10

Dr. A, I sent copies of x-ray rept – and ortho rept.

PLAINTIFF EXHIBIT (6)

RADIOLOGY REPORT

NAME: ROBERSON, TIMOTHY **TDOC#** 244376 **AGE:** 43
DATE OF EXAM: 10/22/10
REQUESTING PHYSICIAN: Pepito Y. Salcedo, M.D.

LOCATION: 5-B

PROCEDURE: X-ray left hip.

CLINICAL INFORMATION: Patient has severe left hip pain.

INTERPRETATION: The left hip AP, frogleg and lateral views reveals narrowing of the joint space and cystic change and bony spurring in the head of the left femur. These findings were present on previous film dated 08/14/09; however there has been further destruction of bone in the head of the left femur since the previous film. These findings could be due to severe osteoarthritis or possible osteonecrosis. A pellet is seen overlying the superior ramus on the left side of the pelvis. This was present on previous exam as well.

IMPRESSION:
1. Severe osteoarthritic change versus osteonecrosis involving left hip

George Benson, M.D.
Dictated by: George Benson, M.D.
Transcribed by: ed
D: 10/28/10 T: 10/28/10

11/4/10

PLAINTIFF EXHIBIT
(7)

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

INSTITUTION

INMATE NAME: Roberson, Timothy INMATE NUMBER: 244376

DATE	TIME/PLACE	PROB NO.	
			LOIS M. DeBERRY SNF SPECIALTY CLINICS CLINIC Ortho DATE SEEN 12-16-10 DR. Baker RTN APPT Sch Surg NURSE [illegible]

PLAINTIFF EXHIBIT
(8)

CONSULTATION

5B

Last Name / First Name / Middle Name	Race	TDOC ID Number
Roberson, Timothy	B/M	244376
From: Attending Physician Alexander / To: Consulting Physician Baker		Date 12-16-10
Birthdate: 3-21-67 / SSN: 413-02-0330	Clinic: Ortho	

Note Findings and Recommend Treatment

(L) hip flexion - 40°
IR - neg

leg length discrepancy

A. (L) hip AVN / DJD

P. ① Schedule for surgery c [illegible].
② Lortab 7 tabs po q 12° prn severe pain

[signature]

Date of Consultation: ______ Dr. ______

CMS

CONSULTATION REQUEST

FAX TO 1-877-677-9149 (toll free)

NOTE: Always send with 401B-Consultation Report an

PLAINTIFF EXHIBIT (9)

To mark check boxes – right click, then click 'properties', then click 'checked'

DEC 29 2010

☑ Off-site ☐ On-Site Clinic ☐ Telemedicine Reference #: _____

☐ Urgent ☑ Routine ☐ Retro Request Date of Request: 12/26/2010

Inmate: Roberson, Timothy Inmate ID#: 244376 DOB: 03/21/1967

Site: DSNF Cost Center: 6501

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test/Specialty Service Requested: Left Total Hip Replacement

Provider: Limbird Initial Visit or F/U? _____ F/U#: _____

Mode of Transportation: ☐ Ambulatory ☐ Ambulance ☒ Wheelchair Van

Presumed Diagnosis:	Left Hip severe DJD/AVN (Stage ~~IV~~)
Describe Signs & Symptoms: See attached	Date of Onset: _____
Exam Data/Objective Findings: See attached	
Lab & X-ray Data:	☑ RMD- Proceed with requested service as described above
Current Medications:	RMD Signature: [signature] Date: 12-28-2010
Failed Outpatient Therapies:	☐ ALTERNATIVE TREATMENT PLAN (ATP)FOR CONSIDERATION
Enrolled in Chronic Care Clinic (s)? ☐ Yes ☐ No Which Clinic(s)?	
Other Diagnosis:	RMD Signature
Comments:	DATE

Site Medical Provider: [signature] Signature: Paul Alexander Date: 12/28/2010

Site Medical Director: [signature] Date: 12/28/2010

UM NURSE REVIEWER/REGIONAL MEDICAL DIRECTOR ☐ Proceed with Requested Service as described above by site provider. ☐ Alternative Treatment Plan for consideration as described by the RMD Initials: _____ Date: _____	UM Notes/for Scheduler:

Date of Appt: _____ Time: _____ Location: _____

Special Instructions: Full Bladder NPO @midnight Instruction sheet attached

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine service is still necessary and appropriate.	**IF AN ATP OF ANOTHER SERVICE HAS BEEN RECOMMENDED BY THE RMD A NEW REFERRAL (401) NEEDS TO BE GENERATED FOR THIS SERVICE BY THE SITE PROVIDER AND SENT TO THE UM NURSE REVIEWER.** **FOR ATP OF SITE PROVIDER FOLLOW UP-NEW REFERRAL IS NOT INDICATED**

Albion Street
hville, TN 37208

PLAINTIFF EXHIBIT
(10)

Pre Admission Testing Cente
Phone: 615-341-4285
Fax: 615-341-4680

Patient Name: Timothy Roberson **DOB:** 3-21-67 **MRUN:** # 244376
SS#: 413-02-0330 **Home Phone:** _____ **Work Phone:** _____

☐ Medicare ☐ Self Pay ☐ Indigent
☐ TennCare (type): _____ ☒ Insurance (type) TDOC

Prior Approval # _____ **Given By:** _____

Authorization Obtained By: _____

Surgical Admission Orders -Orthopedic

Surgery / Procedure Date: January or when available **Requested Time:** _____

Admission Status: ☐ SDS ☒ EMA

Admitting Physician: Limbird

Admitting Diagnosis: Left hip Severe DJD / AVN (Stage IV)

Consent/ Permit for: Left total hip replacement

Special Equipment Required: Zimmer

Pre Op Orders

Diagnosis\Reason for Tests: _____

☒ ~~CBC~~	☒ PT / PTT	☒ U / A	☒ EKG > 40 years
☒ CBC with Differential	☒ Sed Rate	☐ Urine Drug Screen	☐ Chest X-ray > 60 yea
☐ ABG	☐ Hepatic Panel	☐ Urine Pregnancy Test	☐ Other: _____
☒ CMP	☐ Type and Screen	☐ Other: _____	
	☐ Cross match _____	_____ # of units _____	

Day of Surgery Orders

Allergies: _____

Antibiotic: (for severe PCN allergies , use non-cephalosporin)

☒ Cefazolin ☒ 1 gm IV ☐ 2gm IV
☐ Vancomycin (for MRSA, to be started 2 hours prior to surgery) ☐ 1 gm IV ☐ _____
☐ No Antibiotics
☐ Other: _____

☐ Heparin 5000 units subQ ☒ IVF LR @ 75 ml/hr ☐ IVF NS @ _____ ml/hr
☒ Foot Pump to Opposite Limb ☒ TED Hose (to opposite limb) ☒ NPO after midnight
☐ Shower 10 minutes with Chlorhexidine (Attention to Operative Area)

Physician Signature: _____ **Date:** 12/16/10

NASHVILLE GENERAL HOSPITAL at MEHARRY
NASHVILLE, TN

PHYSICIAN ORDERS - Orthopedic Admission Orders
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Roberson, Timothy
TDOC 244376